Fill	in this information to identify your ca	ase:										
Debtor 1 Cleason L. Stoner, Sr.												
	otor 2 use, if filing)					_						
Uni	ted States Bankruptcy Court for the	MIDDLE DISTRICT O	F PENNSYL	_VANIA		_						
Cas	se number 1:21-bk-02088						Checl	k if this is:				
(If kr	nown)					■ Aı	n amende	d filing				
										wing postpo e following		chapter
0	fficial Form 106I						M	M / DD/ Y	YYY			
S	chedule I: Your Inco	ome										12/15
sup spo atta	as complete and accurate as possiblying correct information. If you use. If you are separated and you ch a separate sheet to this form. On the complex to th	are married and not filir r spouse is not filing wi	ng jointly, a th you, do i	nd your spo not include i	use i nforr	s livi natio	ng with on about	you, incl your spo	ude inf ouse. If	ormation a	bout ce is r	your needed,
1.	Fill in your employment information.		Debtor 1	Debtor 1				Debtor 2 or non-filing spouse				
	If you have more than one job, attach a separate page with information about additional employers.	Employment status	■ Employed					☐ Employed				
		Employment status		☐ Not employed				☐ Not employed				
		Occupation	Part time Driver									
	Include part-time, seasonal, or self-employed work.	Employer's name	Gettysburg Auto Auction									
	Occupation may include student or homemaker, if it applies.	Employer's address	3580 Emmitsburg Rd Gettysburg, PA 17325									
		How long employed the	here?	0 Years, 10) Mo	nths	s	_				
Par	t 2: Give Details About Mon	thly Income										
spou If yo	mate monthly income as of the dause unless you are separated. u or your non-filing spouse have most espace, attach a separate sheet to	re than one employer, co				•			·	·		J
							For Deb	otor 1		Debtor 2 o		
2.	List monthly gross wages, salar deductions). If not paid monthly, or				2.	\$		272.65	\$_		N/A	
3.	Estimate and list monthly overti	me pay.			3.	+\$		0.00	+\$		N/A	
4.	Calculate gross Income. Add lin	e 2 + line 3.			4.	\$	27	2.65	\$	N/	Ά	

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				For	Debtor 1	For Debtor 2 or non-filing spouse				
	Сору	y line 4 here	4.	\$	272.65	\$	N/A			
5.	List a	all payroll deductions:								
	5a.	Tax, Medicare, and Social Security deductions	5a.	\$	31.55	\$	N/A			
	5b.	Mandatory contributions for retirement plans	5b.	\$_	0.00	\$	N/A			
	5c.	Voluntary contributions for retirement plans	5c.	\$_	0.00	\$	N/A			
	5d.	Required repayments of retirement fund loans	5d.	\$_	0.00	\$	N/A			
	5e.	Insurance	5e.	\$_	0.00	\$	N/A			
	5f.	Domestic support obligations	5f.	\$_	0.00	\$	N/A			
	5g.	Union dues	5g.	\$_	0.00	\$	N/A			
	5h.	Other deductions. Specify:	5h.+	· : —	0.00	- \$	N/A			
6.		the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	6.	* \$	31.55	\$	N/A			
7.		ulate total monthly take-home pay. Subtract line 6 from line 4.	7.	\$	241.10	\$	N/A			
8.		all other income regularly received:	••	Ψ_	241.10	Ψ	IV/A			
0.	8a.	Net income regularly received. Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.	8a.	\$	0.00	\$	N/A			
	8b.	Interest and dividends	8b.	\$	0.00	\$	N/A			
	8c.	Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce		· <u> </u>		·				
		settlement, and property settlement.	8c.	\$	0.00	\$	N/A			
	8d.	Unemployment compensation	8d.	\$_	0.00	\$	N/A			
	8e.	Social Security	8e.	\$_	1,240.00	\$	N/A			
	8f.	Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify:	8f.	\$	0.00	\$	N/A			
	8g.	Pension or retirement income	8g.	\$_	90.97	\$	N/A			
	8h.	Other monthly income. Specify: Contribution from Son	_ 8h.+	\$	775.00	- \$	N/A			
9.	Add	all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9.	\$	2,105.97	\$	N/A			
10.		ulate monthly income. Add line 7 + line 9. the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	10. \$		2,347.07 + \$_		N/A = \$	2,347.07		
11.	State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify: 11. +\$ 0.00									
12.	12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data, if it applies							2,347.07		
							Combine			
13.	Do y∈	ou expect an increase or decrease within the year after you file this form No.	?				Monding			
	_	Yes. Explain:								
	_									

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